

## Norridge Police Department

### Accident Review Board

Date assigned	Member	Present	Excused	Unexcused
5/1/2003	Sgt.Orlando	x		
5/1/2003	Cpl. Schober		X vacation	
12/1/2012	Off. Turano	x		
5/1/2003	Off. Malicki	x		

Review Date: 04/23/16

M/V Crash: 16-04622

Officer: Cpl. Goduto #101

Squad #520

#### 1.Classification I.

- a.The incident was NON-PREVENTABLE and the employee was not at fault. Caution was apparently excercised.
- b.The employee was legally parked or standing.
- c.The employee was aware of the impending hazard,was alert to the consequences and skillful in minimizing the effect of the hazard.
- d.In incidents the board resolves to be Classification I,no disciplinary action will be taken.

#### 2.Classification II.

- a.The employee failed to exercise reasonable and due care.
- b.The employee deviated inexcusably from Dept. Rules and Regulations,Procedures and/or General Safety Practices. procedures and/or general safety practices.
- c.In incidents the board resolves to be Classification II,disciplinary action recommended may be:
  - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a "Defensive Driving Course may be ordered.Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
  - (ii)For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
  - (iii)For a third Classificaton II finding by the board in a 24 month period,a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed 2a. Cpl. Goduto struck a fixed object.

\*P0113\*

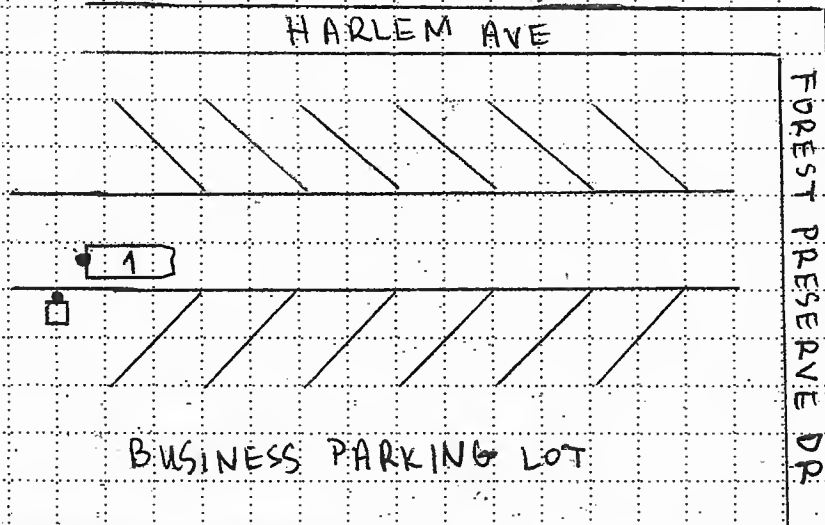
\*U130289593

DRAG	PEDV	TRFD	TRFC	WEAT	DRVA	VIS	VEHD	COLL	MANN	RPA	RPL	
U1	U2	NIA	2	7	1	9	1	1	6	23	99	9
INVESTIGATING AGENCY <b>NORRIDGE PD</b>												
DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500												
TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED												
<input checked="" type="checkbox"/> A No Injury / Drive-Away <input type="checkbox"/> B Injury and / or Tow Due To Crash												
AGENCY CRASH REPORT NO. 2016 / 0A622												
TRFW 7												
ADDRESS NO. 4050 N												
HIGHWAY / STREET NAME HARLEM												
CITY NORRIDGE												
TOWNSHIP												
INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N												
DATE OF CRASH 4/21/16												
TIME 4:50 PM												
LARS CODE 17200 HLM												
COUNTY COOK												
PRIVATE PROPERTY <input checked="" type="checkbox"/> Y <input type="checkbox"/> N												
DOORING WITH PEDALCYCLIST? <input checked="" type="checkbox"/> N												
NUMBER MOTOR VEHICLES INVOLVED 1												
LARS CODE 84050												
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NOV												
DATE OF BIRTH 6/01/80												
MAKE FORD												
MODEL CARRYALL 2013												
YEAR 2013												
CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE												
10 - UNDER CARRIAGE												
11 - TOTAL (ALL AREAS)												
12 - OTHER												
99 - UNKNOWN												
POINT OF FIRST CONTACT 5												
TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N												
FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N												
CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N												
EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N												
COM. VEH. <input type="checkbox"/> Y <input checked="" type="checkbox"/> N												
* IF YES SEE SIDEBAR												
NAME (LAST, FIRST, MI) GODUTO MATTHEW												
SEX M												
SAFT 2												
AIR 4												
PLATE NO. MP 9409												
STATE IL												
YEAR 2016												
VIN FM5K8AR5DGB84629												
VEHICLE OWNER (LAST, FIRST, MI) VILLAGE OF NORRIDGE												
INSURANCE CO. UNDERWRITERS AT LLOYDS LONDON												
OWNER ADDRESS (STREET, CITY, STATE, ZIP) 4000 N. OLCOTT AVE IL 60706												
TELEPHONE 708 453 4770												
POLICY NO. BGP10005404												
TAKEN TO N/A												
EMS AGENCY N/A												
NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUES <input type="checkbox"/> NMV <input type="checkbox"/> NOV												
DATE OF BIRTH 1/1												
MAKE FIXED OBJECT												
MODEL FIXED OBJECT												
YEAR												
CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE												
10 - UNDER CARRIAGE												
11 - TOTAL (ALL AREAS)												
12 - OTHER												
99 - UNKNOWN												
POINT OF FIRST CONTACT												
TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N												
FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N												
CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N												
EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N												
COM. VEH. <input type="checkbox"/> Y <input checked="" type="checkbox"/> N												
* IF YES SEE SIDEBAR												
NAME (LAST, FIRST, MI) FIXED OBJECT												
SEX												
SAFT												
AIR												
PLATE NO.												
STATE												
YEAR												
VIN												
VEHICLE OWNER (LAST, FIRST, MI)												
INSURANCE CO.												
OWNER ADDRESS (STREET, CITY, STATE, ZIP)												
TELEPHONE												
POLICY NO.												
TAKEN TO												
EMS AGENCY												
PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)												
(HOSP)												
(EMS)												
DAMAGED PROPERTY OWNER NAME												
DAMAGED PROPERTY												
PROPERTY OWNER ADDRESS												
CITY												
STATE												
ZIP												
ARREST NAME												
SECTION												
CITATION NO.												
ARREST NAME												
SECTION												
CITATION NO.												
OFFICER ID 30												
SIGNATURE B. Rodowicz												
BEAT / DIST 1												
SUPERVISOR ID 109												
CONTRIBUTORY CAUSE(S) PRIMARY 30 SECONDARY 99												
POSTED SPEED LIMIT 10												
DATE POLICE NOTIFIED 4/21/16												
TIME NOTIFIED 4:51 PM												
COURT DATE												
COURT TIME												
DID CRASH OCCUR IN A WORK ZONE? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N												
IF YES CHECK ONE BELOW <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> UNKNOWN WORK ZONE TYPE												
WORKERS PRESENT? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N												

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

U130289593

A Diagram and Narrative are required on all Type B crashes,  
even if units have been moved prior to the officer's arrival.



NARRATIVE (Refer to vehicle by Unit No.)

Unit #1 related while backing his car, the rear bumper passenger side made contact with a concrete pole in the business parking lot.

LOCAL USE ONLY

U1 Color BLACK

U2 Color N/A

U1 Fwd by / to

N/A

U2 Fwd by / to

N/A

## COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A  
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport  
passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME

ADDRESS

CITY/STATE/ZIP

USDOT NO.

ILCC NO.

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR)

Were HAZMAT placards displayed on the vehicle? ☐ Y ☐ N

If yes, name on placard

4-digit UN no. 1-digit Hazard Class no.

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNKDid HAZMAT Regulations violation contribute to the crash? ☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No.

IDOT PERMIT NO. WIDE LOAD? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96" 97-102" &gt;102"

TRAILER 1 ☐ ☐ ☐TRAILER 2 ☐ ☐ ☐

TRAILER LENGTH(S): 1 ft

TRAILER 2 ft

TOTAL VEHICLE LENGTH ft

NO. OF AXLES

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION

CARGO BODY TYPE

LOAD TYPE